

57387

CALIFORNIA HAZARDOUS WASTE MANIFEST

See reverse side for Instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

① Manifest Number 015-001626

SFUND RECORDS CTR
999000915

GENERATOR

(Generator Must Complete)

② Name ALUMINUM COMPANY OF
AMERICA - VERNON WORKS
EPA NO. CAD074126681
Address 5151 Alcoa Ave. Phone No. 588-6141
City, State, Zip Vernon, CA 90058

③ Designated TSD Facility (Authorized to operate under an approved state program or federal program)

Name OPERATING INDUSTRIES, INC.
EPA NO. CAD080012024
Address 900 N. Potrero Grande Dr.
City, State, Zip Monterey Park, CA

④ Alternate TSD Facility
CHEMICAL WASTE
MANAGEMENT INC.

Name
EPA NO. CAT000646117
Address P.O. Box 1104, 430 W. Elm Ave.
City, State, Zip Coalinga, CA 93210

⑤ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS
WASTE				
WASTE				

CONTAINERS NUMBER:

TYPE: ☐ DRUMS ☐ BAGS ☐ CARTONS
☐ TANK TRUCK ☐ DUMP TRUCK
☐ OTHER

⑥ WASTE CATEGORY #7 ⑦ EX. HAZ. WASTE PERMIT NO. ⑧ GENERATING PROCESS Aluminum Fabrication

LIST COMPONENTS:	CONC. UPPER	RANGE LOWER	UNITS	CONC. UPPER	RANGE LOWER	UNITS
⑨ A. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
B. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
C. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.
D. _____	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.	_____	_____	<input type="checkbox"/> % <input type="checkbox"/> ppm.

⑩ WASTE PROPERTIES: pH 7 ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

⑪ PHYSICAL STATE: ☐ Solid ☒ Liquid ☒ Sludge ☐ Slurry ☐ Gas ☒ Other Aluminum Oxides & Water

⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

⑬ *X. Lump*
Signature of Authorized Agent and Title6-12-81
Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

⑭ NAME ASBURY OIL CO.
EPA NO. CAD028277036
ADDRESS 13419 Halldale Avenue PHONE NO. (213) 321-1392
CITY, STATE, ZIP Gardena, California 90249

⑮ PICK-UP DATE 6/12/81
TIME 11:45 AM ☐ PM
6/12/81
Date

⑯ *M.E. Cooper*
Signature of Authorized Agent and Title

TSD FACILITY

(FACILITY OPERATOR MUST COMPLETE)

⑰ NAME OPERATING INDUSTRIES, INC. ⑱ QUANTITY (If Measured) 100 BBL
EPA NO. CAD080012024 ⑲ STATE FEE (If Any)
PHONE NO. _____

⑳ HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☒ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Reuse ☐ Storage/Transfer

㉑ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: _____

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____

㉒ NAME _____
EPA NO. _____

㉓ *O. Hall*
Signature of Authorized Agent and Title6-12-81
Date Accepted